

Kentucky Board of Veterinary Examiners
P.O. Box 1360
Frankfort, Kentucky 40602
(502) 564-3296, ext. 237
FAX (502) 696-5763

Continuing Education Approval Form

Individual Requesting Approval of CE hours: _____

Sponsoring Agency: _____

Address: _____

Street

City

State

Zip

Program Title: _____

Date(s) of Program: _____

☐ Veterinarians Hours applied for: _____

☐ Veterinary Technicians: Hours applied for: _____

Time Schedule of Program: _____

(Attach agenda, brochure or schedule)

Description of Program material: _____

FOR BOARD USE ONLY

Date Reviewed: _____

Veterinarians: [] Approve _____ hours [] Disapprove _____ hours [] *Defer Action

Vet. Technicians: [] Approve _____ hours [] Disapprove _____ hours [] *Defer Action

Reason for Disapproval: _____

Additional Information Needed for review by the Board: _____
